

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76) AND POWER OF ATTORNEY

Title of Invention **✓** DEVICE AND METHOD FOR THROUGH-CUTTING OF AN EXTRUDED ICE MASS

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
☒ Application No. PCT/DK2003/000515, filed on July 29, 2003,
☐ as amended on _____ (if applicable);

I/We believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/We have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/We acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.


All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

I/We hereby appoint:

Practitioners at Customer Number 22204 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

FULL NAME OF INVENTOR(S)

Inventor one: Carsten HERMANSEN

Signature:  Citizen of: Denmark

Inventor two: Steen Sprogoc PETERSEN

Signature:  Citizen of: Denmark

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

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